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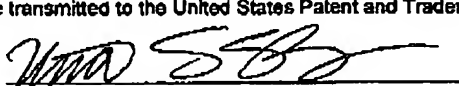
PATENT  
Docket: PF01022 US  
Confirmation No.: 6826

Serial No.: 10/624,389  
Applicants: Mark C. Estes et al.  
Filed: July 22, 2003  
Art Unit: 3763  
Examiner: Matthew F. DeSanto

Title: SYSTEM FOR PROVIDING BLOOD GLUCOSE MEASUREMENTS TO AN INFUSION DEVICE

I certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office Facsimile Number (571) 273-8300 on the date indicated below.

December 5, 2006  
Date of facsimile

  
Vivian S. Shin, Reg. No. 43,919

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In the above-identified application, transmitted herewith are:

- Response to Restriction Requirement, and
- Petition for Extension of Time (1 month).

The fee has been calculated as shown below:

|  | (Col. 1)                                  | (Col. 2)                             | (Col. 3)         | SMALL ENTITY   |      |    | OTHER THAN A SMALL ENTITY |       |
|--|---|--------------------------------------|------------------|----------------|------|----|---------------------------|-------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDIT.<br>RATE | FEE  | OR | ADDIT.<br>RATE            | FEE   |
| TOTAL  | 54  | MINUS 94                             | =                | x 25           | \$   | OR | x 50                      | \$0-  |
| INDEP CLAIMS                                 | 2   | MINUS 5                              | =                | x 100          | \$   | OR | x 200                     | \$0-  |
| [X] PETITION FOR EXTENSION OF TIME (1 month) |   |                                      |                  |                | \$60 | OR | 120                       | \$120 |
|  |   |                                      |                  | TOTAL          | \$   | OR | TOTAL                     | \$120 |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

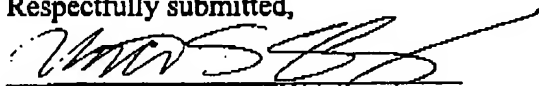
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0621.

[X] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

[X] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,



Vivian S. Shin, Reg. No. 43,919

MEDTRONIC MINIMED, INC.  
18000 Devonshire Street  
Northridge, CA 91325-1219  
Telephone: (818) 576-5291  
Facsimile: (818) 576-6202

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